

### 19.3 NON-EMERGENCY MEDICAL TRANSPORTATION

#### A. Introduction

Recipients of Medicaid and Children with Special Health Care Needs (CSHCN) may request reimbursement for the cost of transportation associated with receiving medical services. Payments are made to the client or the transportation provider and can include meals, lodging, parking and turnpike tolls when required.

#### B. APPLICATION/REDETERMINATION PROCESS

##### 1. Content Of The Interview

A face-to-face interview is not required in order to apply for non-emergency medical transportation (NEMT) reimbursement. The OFS-NEMT-1 is designed to be filled out by the applicant without the help of the Worker.

If an interview is conducted due to the need for advance payment and/or prior approval and an emergency situation exists, the Worker will obtain all information required on the OFS-NEMT-1 and as required in item M, below.

##### 2. Agency Delays

The Worker must process applications received for travel upon receipt, provided the date for which reimbursement is being requested occurred no earlier than 60 days prior to the date of application. Delays caused by failure on the part of the agency to process an application in a timely manner is not a reason to deny payment.

##### 3. Beginning Date Of Eligibility

Medicaid recipients are eligible for reimbursement for non-emergency medical transportation beginning the first day of the month for which Medicaid was approved, including months for which backdating occurred.

Others who qualify for reimbursement of non-emergency medical transportation expenses are eligible as determined by the program which provides the medical services.

##### 4. Redetermination Schedule

There is no redetermination process for NEMT other than that for Medicaid. Each request for reimbursement is treated as a separate application.

5. The Benefit

Services provided under this program include reimbursement for transportation and certain related expenses necessary to secure medical services normally covered by Medicaid. Funding for this program is provided by three different sources:

- S Title XIX funds for all Medicaid recipients, including foster children,
- S Title V funds for non-Medicaid eligible recipients of the Children with Special Health Care Needs Program (CSHCN), and
- S Agency administrative funds for applicants for cash assistance or Medicaid who need a physical examination in order to complete the eligibility process.

Reimbursement for transportation and related expenses is available to Medicaid recipients who:

- S Require transportation to keep an appointment for medical services covered under the Medicaid coverage for which he was approved
- S Receive scheduled Medicaid-covered services at a clinic, hospital or doctor's office
- S Receive pre-authorization as necessary
- S Comply with the 60-day application submittal deadline

Reimbursement is also available for applicants for Medicaid who must travel to obtain necessary medical examinations and tests required to determine eligibility.

6. Expedited Processing

Procedures for expedited processing do not apply to NEMT.

7. The Application Form

The OFS-NEMT-1 is filled out by the Medicaid recipient or by a parent, guardian or other responsible person when the recipient is a child or an incapacitated adult. The form is then mailed or dropped off at the recipient's local DHHR office.

The form contains space for verification of up to 4 trips per application. Each trip date must be entered in the space titled "Date of Appointment." Regardless of the number of trips included on the form, all trips must have occurred within the 60-day deadline.

The medical service provider is required to sign the section verifying that the individual had an appointment and was seen for Medicaid-covered treatment or services. Altered forms will result in automatic denial.

When advance payment is being requested or prior approval is necessary, the applicant may apply in person at the local DHHR office so that the required documentation can be made and/or obtained. Use of telephone and fax machine will greatly facilitate the process when coordination is necessary between the Worker and BMS or the physician.

No more than 2 advance payments may be approved when a patient is making weekly trips.

Verification of attendance and travel costs in the ART program is also provided on Form OFS-NEMT-1 and processed in RAPIDS. For the ART program, the completed OFS-NEMT-1 is submitted to the Designated Care Coordinator (DCC) for verification and approval. The approved OFS-NEMT-1 is then forwarded to DHHR by the DCC for processing.

As noted above, the submission deadline for the completed OFS-NEMT-1 is 60 days from the date of the trip(s). Compliance with the 60-day deadline is accomplished by comparing the date of the trip with the stamped-in or received date entered upon the form by the DCC. Any forms received from the ART agency not having a stamped-in or received date are returned with an attached ES-6 listing what is needed to complete the processing of the OFS-NEMT-1. Non-compliance with this request results in non-payment until the request is granted. Forms not received within 60-day deadline date are denied.

**NOTE:** Advanced payments for ART clients are requested in accordance with ART policy.

**C. THE CASE MAINTENANCE PROCESS**

1. Closures

Closure of Medicaid renders the AG ineligible for NEMT.

2. Change In Income

Changes in income that do not affect Medicaid eligibility have no effect on NEMT.

3. Update In Case Information

Updates in case information are not required for NEMT except when such changes affect Medicaid eligibility.

**D. IEVS**

Information in data exchanges must be entered in the case in order to correctly determine eligibility for Medicaid and for NEMT.

**E. VERIFICATION**

Specific requirements for verification of travel expenses are included on the appropriate forms.

**F. RESOURCE DEVELOPMENT**

NEMT recipients are assumed to have met requirements to develop resources under Medicaid eligibility guidelines.

**G. CLIENT NOTIFICATION**

Notification of decision on NEMT applications must be received by the client no later than 30 days following the date of the application unless approval has been delayed in order to consolidate trips into one check. Requests for advance payment must receive notification of decision prior to the date of the trip.

**H. COMMON ELIGIBILITY REQUIREMENTS**

1. Residence

All applicants for NEMT must be residents of West Virginia.

2. Citizenship And Alien Status

Applicants must be citizens of the United States or be qualified aliens in accordance with Chapter 18.

3. Cooperation With Quality Assurance

NEMT is not reviewed by Quality Assurance. However, Medicaid recipients who fail to cooperate with QA and lose their medical card no longer qualify for NEMT.

4. Limitations On Receipt Of Other Benefits

Except for the requirement to be a Medicaid recipient or covered by the qualifying programs listed in item B,5, NEMT is not affected by the receipt of other benefits.

5. Non-duplication Of Benefits

Applications submitted for trips or other expenses which have already received reimbursement from any other source are denied.

6. Enumeration

A valid SSN is required.

**I. ELIGIBILITY DETERMINATION GROUPS**

1. The Assistance Group (AG)

The AG consists of the individual(s) for whom transportation is required.

2. The Income Group

Same as for Medicaid in each coverage group.

3. The Needs Group

Same as for Medicaid in each coverage group.

**J. INCOME**

There are no specific income guidelines for NEMT. Medicaid recipients and those who meet guidelines for reimbursements under other programs are considered to be income-eligible for NEMT.

**K. ASSETS**

There are no specific asset limits for NEMT as applicants with valid Medicaid coverage are considered to have met applicable asset tests.

**L. WORK REQUIREMENTS**

There are no work requirements associated with NEMT.

**M. SPECIFIC ELIGIBILITY REQUIREMENTS**

1. Exceptions to Eligibility

The following individuals are not eligible for NEMT:

**S** Individuals designated as Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLIMB), or Qualified Disabled Working Individuals (QDWI) and are not dually eligible for any full-coverage Medicaid group.

**S** Medicaid public school patients being transported to schools for the primary purpose of obtaining an education, even though Medicaid-reimbursable school-based health services are received during normal school hours, except for children receiving services under the Individuals with Disabilities Education Act (IDEA) when the child receives transportation for a Medicaid-covered service and both the transportation and service are included in the child's Individualized Education Plan (IEP).

**S** WV CHIP recipients.

Reimbursement is not approved for trips to pick up medicine, eye glasses, dentures or medical supplies or for repairs or adjustments to medical equipment.

Services paid for under any other program, or otherwise not charged to Medicaid, are not covered under NEMT.

When other reimbursement is available, Medicaid will always be the payor of last resort.

Furthermore, reimbursement is not approved for services normally provided free to other individuals.

2. Transportation Requiring Prior Approval from BMS

All requests for out-of-state transportation and certain related expenses must have prior approval from the Bureau of Medical Services, Case Planning Unit, except for travel to those facilities which have been granted border status and thus are considered in-state providers. The Worker should contact BMS Provider Services to determine if a facility has border status.

**NOTE:** See Appendix E for the current listing of hospitals with border status.

Requests to the Case Planning Unit are made in writing when time permits, or by telephone, and must include the following information:

- S The Medicaid recipient's name, address and case number
- S The physician's order for the service, including any necessary documentation, as well as the following related items:
  - Specific medical service requested
  - Where the service is to be obtained, who will provide it, and the reason why an out-of-state provider is being used.
  - The diagnosis, prognosis and expected duration of the medical service
  - Description of the total round-trip cost of transportation and any related expenses (lodging, meals, tolls, parking, etc.), and whether advance payment is required.

3. Requests Which Require Approval by the Worker

The local DHHR Worker may approve the following:

- S Transportation of an immediate family member to accompany and/or stay with the patient at a medical facility. Immediate family member is defined as the parent, spouse or child of the patient, and the need to stay with the patient is based on medical necessity and documented by the physician. Exceptions require supervisory approval.

**NOTE:** Round trip per hospitalization is limited to 2, 1 for admittance, 1 for discharge, when the parent or family member chooses not to stay.

**S** Lodging plus meals as required with lodging.

**S** Transportation via common carrier judged to be the most economical. If the applicant insists on incurring expenses beyond those approved by the Department, the Worker must inform the applicant that such costs will not be reimbursed.

Travel for parents/children to visit hospitalized individuals is not authorized.

#### 4. Routine Automobile Transportation Requests

Applicants may request reimbursement for costs associated with automobile travel, such as mileage, tolls and parking fees when free parking is not available. The travel must be for scheduled appointments and treatment. Mileage is paid from the patient's home to the facility and back to the home. When comparable treatment may be obtained at a facility nearer the patient's home than the one he chooses, mileage is limited to the distance to the nearer facility.

Meals are not reimbursed for any travel which does not include overnight stays.

When travel by private automobile is an option but the applicant chooses more costly transportation, the rate of reimbursement is limited to the private auto mileage rate.

Applicants must car pool when others in the household have appointments the same day at the same facility.

Round trips are limited to 1 per household per day. Parents must make an effort to schedule appointments for children at the same time or on the same day whenever possible.

#### 5. Requests for Transportation for Emergency Room Services

Applicants who routinely use emergency rooms as doctor's offices are not reimbursed for transportation. On those occasions when it can be documented that emergency room treatment was necessary, the Worker may approve the

NEMT application and record the reason for the approval, including whether or not the individual's physician was involved in the decision to go to the emergency room.

6. Approved Transportation Providers

The least expensive method of transportation must always be considered first and used, if available. Providers are listed below in the order in which they must be considered. Applicants who choose a more expensive method than the one available will be reimbursed at the least expensive rate.

- S The patient or a member of his family, friends, neighbors, interested individuals, foster parents, adult family care providers or volunteers
- S Volunteers or paid employees of community-based service agencies such as Community Action and Senior Services
- S Common carriers (bus, train, taxi or airplane)
- S An employee of DHHR with supervisory approval only after it has been determined that no other provider is available

7. Determining the Amount of Payment

The amount of reimbursement for transportation expenses depends on the method of transportation, the round-trip mileage and/or whether lodging was required.

Payment may be authorized for one round trip per patient per day with a maximum of two round trips per hospital admission. Exceptions require documentation as to medical necessity and supervisory approval.

a. Mileage

Round-trip mileage from the patient's home to the medical facility is paid at the current mileage rate. If more than one patient is being transported, payment is approved for one trip only. The round trip will be made over the shortest route as determined by a road map or certified odometer reading. The Worker may use the applicant's statement of the total mileage unless the amount appears incorrect.

No reimbursement will be made for mileage totaling less than 15 miles. However, when the applicant claims several short trips within a 60-day period and the total mileage for the combined trips is 15 miles or more, the Worker may process them as one payment. Case comments must reflect that mileage claimed is for more than one trip.

Mileage is limited to the nearest comparable facility for services such as allergy shots, blood pressure readings, etc.

b. Common Carrier

When a common carrier is the provider, the established round-trip fare is paid. The cost of waiting time is paid when travel between cities is required. This waiting time is allowed only for obtaining medical services. When waiting time is claimed, the Worker must obtain from the taxi company a dated and signed statement indicating the rate, elapsed time and total charges for the waiting time.

The cost of waiting time cannot be paid for trips within the city limits.

c. Lodging

When an overnight or longer stay is required, lodging may be paid for the patient and one additional person if the patient is not the driver. Accommodations must be obtained at the most economical facility available. Resources such as Ronald McDonald Houses or facilities operated by the hospital must be used whenever possible.

Currently, only three Ronald McDonald Houses exist in West Virginia. The houses, along with their addresses and phone number, and the medical facilities they are affiliated with are as follows:

**S** Ronald McDonald House of Southern WV, Inc.  
302 30<sup>th</sup> Street  
Charleston, WV 25304  
Telephone Number: (304) 346-0279  
Hospital affiliate: CAMC

**S** Ronald McDonald House  
Charities of the Tri-State, Inc.  
1500 17<sup>th</sup> Street  
Huntington, WV 25701

Telephone Number: (304) 529-2970  
Hospital affiliates: Cabell-Huntington  
Hospital and St. Marys Hospital

**S** Ronald McDonald House of Morgantown  
841 Country Club Drive  
Morgantown, WV 26505  
Telephone Number: (304) 598-0050  
Hospital affiliates: Chestnut Ridge Hospital,  
Monongalia General Hospital, Ruby Memorial  
Hospital and Mountaineer Rehabilitation Center

Lodging is determined necessary when the appointment is for early in the morning and travel time is at least 4 hours from the patient's home to the medical facility, or when the patient is required to stay overnight to receive further treatment.

d. Meals

Reimbursement for meals is available only in conjunction with lodging and only for meals which occur during the time of the travel or the stay. Meals are permitted for the patient and/or the person approved to stay with the patient. The rate is \$5 per meal per person, regardless of which meals the reimbursement is meant to cover. In order to determine which meals to include, the Worker will have to know the time the trip started and when the patient returned home.

e. Related Expenses

Reimbursement may be made for other expenses associated with travel, such as turnpike tolls and parking fees. Parking is limited to \$3 per day when free parking is not available within reasonable walking distance of the facility, and a receipt is required. Metered parking is limited to \$2 per day (no receipt required).

f. Limitations and Restrictions

(1) Volunteers

Anyone may volunteer to provide transportation for Medicaid recipients for reimbursement of expenses only. However, DHHR will not reimburse any individual for more than 6,000 miles in any calendar year except as follows:

S No public transportation is available and the recipient does not drive and has no one else who can provide transportation

S The patient requires frequent medical treatment (such as dialysis, chemotherapy, etc.) and local staff has approved the continued use of the same provider

(2) Employees of Medicaid providers

Employees of entities that provide Medicaid services (homemaker, behavioral health, rehab providers, etc.) may not be reimbursed as NEMT providers when transporting individuals while "on the clock" or otherwise during their official business hours.

**N. BENEFIT REPAYMENT**

There is currently no repayment procedure in place for NEMT. However, recipients must be informed that fraudulent claims will result in denial of subsequent requests up to the amount of the claim and could result in permanent ineligibility for NEMT.

**O. BENEFIT REPLACEMENT**

Replacement of lost checks follows the procedure found in Chapter 20 for the replacement of WV WORKS check. The DF-36 is altered to reflect that the check is for NEMT.